

the food-allergy diagnosis, there are clear lessons to be learned. As physicians, we need to support families, address their concerns, and discuss ways to minimize risk while allowing social interactions.

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Bullying Among Pediatric Patients With Food Allergy

Lieberman JA, Weiss C, Furlong TJ, Sicherer M, Sicherer SH. *Ann Allergy Asthma Immunol.* 2010;105(4):282-286

PURPOSE OF THE STUDY. To determine the scope and characteristics of bullying, teasing, or harassment of food-allergic patients because of their food allergies.

STUDY POPULATION. A specialized questionnaire developed by experts in food allergy and bullying was administered to teenagers and adults with food allergies and parents/caregivers of children with food allergies at conferences of the Food Allergy & Anaphylaxis Network in 2009.

METHODS. The anonymous questionnaire included 11 demographic questions and 16 questions about bullying, teasing, and harassment.

RESULTS. Most of the 353 completed surveys were taken by parents of food-allergic children. Of the food-allergic children, 61% were male, 95% were white, and 55% were 4 to 11 years old. Overall, 24% were reported to have been bullied, teased, or harassed about their food allergies, and 86% reported multiple episodes. Most (82%) of the episodes occurred at school (80% by classmates and 21% by teachers/staff). A total of 57% reported physical events, and 66% reported sadness or depression related to the events.

CONCLUSIONS. Food-allergic children experience bullying that is common, frequent, and repetitive, and there are resultant physical and emotional risks.

REVIEWER COMMENTS. This study was limited by a possibly biased and homogenous sample. Because bullying and food allergy are increasing in society, it becomes even more important to understand the burden of bullying in people with food allergy and to work to develop educational programs and strategies for preventing this from occurring. As clinicians, we need to screen our food-allergic patients for maltreatment so that we can identify and support them.

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ATOPIC DERMATITIS

Trends in Eczema in the First 18 Years of Life: Results From the Isle of Wight 1989 Birth Cohort

Ziyab AH, Raza A, Karmaus W, et al. *Clin Exp Allergy.* 2010;40(12):1776-1784

PURPOSE OF THE STUDY. To prospectively describe the changes in eczema prevalence and the influence of gender and atopy from birth to 18 years of age within a single cohort of children.

STUDY POPULATION. All children enrolled in the 1989 Isle of Wight, United Kingdom, birth cohort ($N = 1536$) were recruited, and 1456 children consented to participate in the study. Ninety-nine percent of the population was white and lived in a semirural region with no heavy industry.

METHODS. Subjects were assessed for eczema at 1, 2, 4, 10, and 18 years of age with a detailed questionnaire and physical examination. Atopy was evaluated through skin testing to select indoor and outdoor aeroallergens and to foods commonly implicated in allergy. Only 1- and 2-year-old subjects who were symptomatic with their eczema were skin-tested, whereas all 4-, 10-, and 18-year-old subjects were skin-tested. χ^2 tests were performed to estimate the difference in eczema occurrence and resolution rates during the observation periods.

RESULTS. Eczema data were obtained from >80% of the subjects at all times points. No differences in the prevalence of eczema were found in boys compared with girls between 1 and 10 years of age. However, at 18 years of age, the prevalence of eczema was significantly higher in girls compared with boys ($P < .001$). This shift after puberty was driven both by an increase in the development of nonatopic eczema in girls ($P = .012$) and by an increase in the resolution of atopic eczema in boys ($P = .044$). Focusing on a subset of 160 subjects with onset of eczema at ages 1 or 2 years, 16.9% had persistent eczema at 18 years of age. Recurrence was documented in 17.5% of those who had remission at 4 years of age and 10.9% of those who had remission at 10 years of age. Finally, 41.9% of this subset had complete resolution through 18 years of age.

CONCLUSIONS. Although the prevalence of eczema seems to be independent of gender and atopic status in childhood, the prevalence of eczema in girls after puberty becomes greater than that of boys as a result of an increase in nonatopic eczema in girls and a decrease in atopic eczema in boys. Overall, the prevalence of eczema decreased with age; only 16.9% had persistent eczema at 18 years of age.

REVIEWER COMMENTS. Because of the homogeneity of the study population, one should be cautious in extrapolating the

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